



## BENEFIT GUIDE 2024

At Prepare Benefits, we strive to provide our employees with a comprehensive benefit package. We appreciate the talented people we have working here, their extraordinary effort, and uncompromised commitment. We reward this hard work and dedication with the quality and flexibility you deserve in your insurance benefits.

If you are a full-time employee working 30 hours or more per week, you are eligible for all benefits outlined in this summary. Eligible employees may elect to cover a spouse, dependent child(ren), or your entire family. Dependent child(ren) can be covered until the adult child reaches the age of 26. **New employees are eligible for benefits the first of the month following their date of hire.**

Please take time to review this overview of the plan options available to you prior to making your selections. Consider each benefit and the associated costs carefully and choose the benefits package that will best meet the needs of you and your family throughout the year. **All plans listed in this guide are effective from March 1, 2024 to February 28, 2025.**

**All employees must complete their election or waiver in the secure Employee Navigator benefits site:** <https://upswing.employeenavigator.com> Company Identifier: **Prepare Benefits**

You may make changes to your coverage elections (outside of your initial eligibility or Open Enrollment period) only if you experience a Qualifying Event such as: the birth/adoption/legal custody of a child; marriage; divorce; death of covered dependent; eligibility change in work hours or location for yourself or your spouse; loss of any other coverage for you or your dependents. If there is a status change, please contact Human Resources. Your request for coverage changes must be made within 30 days of the event.

## CONTACT INFORMATION

BENEFIT	ADMINISTRATOR	WEBSITE/EMAIL	PHONE
Medical	United Healthcare	<a href="http://www.myuhc.com">www.myuhc.com</a>	800-357-0978
Medical Gap	Prosperity	<a href="mailto:nasclaims@bbadmin.com">nasclaims@bbadmin.com</a>	800-845-7518
Health Savings Account	WEX	<a href="http://www.wexinc.com">www.wexinc.com</a>	866-451-3399
Dental	Lincoln Financial Group	<a href="http://www.lfg.com">www.lfg.com</a>	800-423-2765
Vision	Lincoln Financial Group	<a href="http://www.lfg.com">www.lfg.com</a>	800-423-2765
Term Life	Lincoln Financial Group	<a href="http://www.lfg.com">www.lfg.com</a>	800-423-2765
Disability	Lincoln Financial Group	<a href="http://www.lfg.com">www.lfg.com</a>	800-423-2765
Supplemental Benefits	Allstate	<a href="https://mybenefits.allstate.com">https://mybenefits.allstate.com</a>	888-282-2550

### About This Summary

This summary describes the benefits available to you as a benefit eligible employee of Jennings Insurance Services Inc DBA Prepare Benefits. This guide is meant as a summary and does not contain all the details of each plan or policy, notably limitations and exclusions. If there is ever a question about one of these plans or policies, or if there is a conflict between information in this summary and the official plan or policy documents, the formal wordings in those documents will govern. These benefits may be changed at any time and do not represent a contractual obligation on the part of The Company.



# MEDICAL: United Healthcare

Your company is pleased to offer medical benefits administered by United Healthcare that meet the health care needs of you and your covered dependents.

- Comprehensive medical and prescription drug coverage;
- Open Access: no referrals for specialist provider visits;
- Free preventive care services/prescriptions;
- Telemedicine Services through UHC for 24/7 access to a medical provider.

# MEDICAL GAP: Prosperity

When you enroll into the P2000i10021B medical plan, you will also be enrolled into Medical Gap through Prosperity. Gap insurance provides supplemental coverage to help offset your out-of-pocket costs due to deductibles, copayments and coinsurance. The policy is “assignable” so the provider or facility can bill Prosperity directly for covered services, eliminating the need to file a claim in most instances. The medical gap benefit is \$2,000 per enrolled member (up to 3x per family).

# HEALTH SAVINGS ACCOUNT: WEX

When you enroll into the HPV400021B medical plan, you will have a Health Savings Account established through WEX. The Company will contribute \$1,500 to this account and we encourage you to participate as well. Funds are contributed on a pre-tax basis, and you can use the funds to help with out-of-pocket costs such as deductibles, copayments and coinsurance. IRS Maximum Contribution for 2024 is \$4,150 for individual and \$8,300 for family coverage. Employees 55+ can contribute an additional “catch-up” contribution of \$1,000.

Coverage Summary	P2000i10021B Choice Plus Network	Medical Gap	HPV400021B Choice Plus Network
	<i>In-Network</i>	<i>\$2,000 benefit</i>	<i>In-Network</i>
Calendar Year Deductible (Individual / Family)	\$2,000 / \$4,000		\$4,000 / \$8,000
Co-Insurance (UHC / Member)	100% / 0%		100% / 0%
Physicians Office Visit	\$25 copay	Covered	100% after deductible
Specialist Office Visit <i>Open Access</i>	\$75 copay	Covered	100% after deductible
Inpatient Hospital	100% after deductible	Covered	100% after deductible
Outpatient Hospital	100% after deductible	Covered	100% after deductible
Emergency Room	\$300 copay/visit + 100% after deductible	Covered	100% after deductible
Urgent Care Center	\$50 copay	Covered	100% after deductible
Prescription Drugs			
Rx Deductible	N/A		
Retail (30 day)	\$10/\$35/\$75/\$250		100% after deductible
Specialty Retail (30 day)	\$10/\$150/\$350/\$500		100% after deductible
Mail Order (90 day)	2.5x retail copay		100% after deductible
Out of Pocket Maximum (Individual / Family)	\$4,000 / \$8,000		\$4,000 / \$8,000
	<i>Semi-Monthly Premiums</i>		
Employee	\$45.76*		\$35.98
Employee + Spouse	\$544.18*		\$423.35
Employee + Child(ren)	\$434.56*		\$345.20
Employee + Family	\$997.96*		\$786.94

\* Premiums include medical and medical gap coverage.

## DENTAL: Lincoln

Your company offers you the option to enroll in dental coverage administered by Lincoln. You can visit any provider you choose but enjoy deeper discounts and claim forms filed for you when you visit Lincoln DPPPO network providers.

Coverage Summary	Dental PPO	
	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum per Member	\$1,000*	
Diagnostic & Preventive Care • Exams • X-rays • Cleaning/Prophylaxis • Fluoride Treatments • Space Maintainers • Sealants	100%	100%*
Basic Restorative Care • Palliative Treatment • Fillings • Crowns • Repair & Maintenance of Crowns, Bridges & Dentures • Anesthesia	90%	80%*
Major Restorative Care • Extractions • Periodontics • Endodontics • Bridges and Dentures • Inlays / Onlays / Veneers • Dental Implants & Related Services	60%	50%*
	Semi-Monthly Premiums	
Employee	\$15.10	
Employee + Spouse	\$28.87	
Employee + Child(ren)	\$33.71	
Employee + Family	\$51.52	

\* Out-of-network provider fees over the Plan's reasonable and customary limits are your responsibility.

## VISION: Lincoln

Your company offers vision coverage, administered by Lincoln, to help cover the cost of eye examinations and other vision care expenses. The Plan offers coverage when visiting any provider, with deeper discounts and service guarantees when you choose a provider in the network.

Coverage Summary	Vision	
	In-Network	Out-of-Network Allowance
Annual Eye Exam (Every 12 Months)	\$10 copay	Up to \$40
Eyeglass lenses (Every 12 Months) • Single • Bifocal • Trifocal	\$25 copay \$25 copay \$25 copay	Up to \$40 Up to \$60 Up to \$80
Frames (Every 24 Months)	\$130 allowance + 30% off balance at participating providers	Up to \$45
Contact Lenses (Every 12 Months)* • Elective • Medically Necessary *Contact lenses are in lieu of eyeglass frames and lenses.	\$125 allowance \$0 copay	Up to \$125 Up to \$210
	Semi-Monthly Premiums	
Employee	\$3.06	
Employee + Spouse	\$5.78	
Employee + Child(ren)	\$6.78	
Employee + Family	\$9.54	

## TERM LIFE AD&D: Lincoln

Your company pays the cost of Basic Life and AD&D Insurance of one time your annual salary for all active, full-time employees working 30 hours per week. Life Insurance provides a benefit to your beneficiary in the event of your death. If death results from an accident, the AD&D portion of the insurance pays an additional benefit and in some cases, it may provide a benefit if you are injured as the result of an accident.

Eligible employees have the option to purchase additional Voluntary Term Life Insurance with AD&D coverage for yourself and/or your spouse. You have the option to purchase additional Voluntary Term Life Insurance for your child(ren). You must enroll for voluntary coverage for yourself in order to enroll your dependent(s). Evidence of Insurability (EOI) is required for any amounts over the Guaranteed Issue. Review the summary for information about benefit reductions and restrictions.

Coverage Summary	Coverage Amount	Guaranteed Issue	Benefit Maximum
Employee	Increments of \$10,000	\$50,000	5x annual salary up to \$200,000
Spouse*	Increments of \$5,000	\$25,000	\$100,000
Child(ren)*	\$20,000	\$20,000	\$20,000

\*Voluntary Spousal Life and Voluntary Child(ren) life coverage may not exceed 100% of the Voluntary Employee Life election.

Monthly Rate / \$10,000			Monthly Rate / \$20,000	
Employee Age	Employee Rate	Spouse Rate*	Child Age	Child(ren) Rate
<26	\$1.07	\$1.07	<26	\$2.74
26 – 30	\$1.07	\$1.07		
30 – 34	\$1.18	\$1.18		
35 – 39	\$1.55	\$1.55		
40 – 44	\$2.09	\$2.09		
45 – 49	\$3.12	\$3.12		
50 – 54	\$4.98	\$4.98		
55 – 59	\$7.61	\$7.61		
60 – 64	\$10.37	\$10.37		
65 – 69	\$19.87	\$19.87		
70+	\$37.09	\$37.09		

\*Spouse rate based on Employee's age



## DISABILITY: Lincoln

If you are a full-time employee working 30 hours per week, the company offers Voluntary Short-Term Disability and provides Employer Sponsored Long-Term Disability. Disability coverage protects you if you are unable to work due to medical reasons and your doctor must certify that you are unable to return to work on a full-time or partial basis. Short-Term Disability coverage replaces 60% of your weekly wages up to a maximum of \$1,000 per week. Benefits begin on the 8<sup>th</sup> day of injury or illness and continues for 1 weeks. The Long-Term Disability will replace 60% of your base salary up to \$7,500 per month. The benefits begin after 90 days of disability and can continue up to Social Security Normal Retirement Age.

Coverage Summary	Voluntary Short-Term Disability	Employee Age	Monthly Rate / \$10 of Weekly Indemnity
Benefits Begin	Benefits begin on the 8 <sup>th</sup> consecutive day of Disability caused by either illness or injury.	<25	\$0.228
		25 - 29	\$0.228
		30 - 34	\$0.228
Benefit Amount	Policy replaces 60% of your weekly earnings up to a maximum weekly benefit of \$1,000.	35 - 39	\$0.325
		40 - 44	\$0.325
		45 - 49	\$0.314
Benefit Duration	Benefits can continue up to 13 weeks.	50 - 54	\$0.499
		55 - 59	\$0.499
		60 - 64	\$0.531
		65 - 69	\$0.531
		70+	\$0.531

Coverage Summary	Long-Term Disability
Benefits Begin	Benefits begin on the 91 <sup>st</sup> consecutive day of Disability caused by either illness or injury.
Benefit Amount	Policy replaces 60% of your monthly earnings up to a maximum monthly benefit of \$7,500.
Benefit Duration	Benefits can continue up to Social Security Normal Retirement Age.

## SUPPLEMENTAL BENEFITS: Allstate Benefits

You can customize your benefit package by choosing the plans that best fit your individual needs. Allstate Benefits voluntary supplemental plans include:

- *Accident* coverage pays a cash benefit for injuries resulting from an accident that occurs off the job.
- *Critical Illness* pays a cash benefit for specified conditions to help with the costs associated with diagnosis and other expenses.
- *Whole Life with Long Term Care* provides security through a life policy that builds cash value and additional piece of mind for the unexpected expenses that can arise with long term care needs.